

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

**Political Action Committee of the American Association of Orthopaedic
Surgeons**

ADDRESS (number and street)

317 Massachusetts Avenue, NE☐(Check if address
is changed)**1st Floor****Washington****DC****20002**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

PAC@aaos.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.aaos.org/pac

COMMITTEE'S FAX NUMBER

202-546-5051

2. DATE

M M
1 1/ D D
1 9/ Y Y Y Y
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00343137

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

William J. Robb, III, MD

Signature of Treasurer

Electronically Filed by **William J. Robb, III, MD**

Date

M M
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1 9/ Y Y Y Y
2 0 0 7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)